



QUARTERLY STATEMENT
AS OF MARCH 31, 2017
OF THE CONDITION AND AFFAIRS OF THE
Meridian Health Plan of Michigan, Inc.

NAIC Group Code	4640 (Current Period)	4640 (Prior Period)	NAIC Company Code	52563	Employer's ID Number	38-3253977
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	MI		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[X] No[] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	12/31/1995		Commenced Business	12/31/1995		
Statutory Home Office	1 Campus Martius, Suite 700 (Street and Number)		Detroit, MI, US 48226 (City or Town, State, Country and Zip Code)			
Main Administrative Office			1 Campus Martius, Suite 700 (Street and Number)			
	Detroit, MI, US 48226 (City or Town, State, Country and Zip Code)		(313)324-3700 (Area Code) (Telephone Number)			
Mail Address	1 Campus Martius, Suite 700 (Street and Number or P.O. Box)		Detroit, MI, US 48226 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			1 Campus Martius, Suite 700 (Street and Number)			
	Detroit, MI, US 48226 (City or Town, State, Country and Zip Code)		(313)324-3700 (Area Code) (Telephone Number)			
Internet Web Site Address	www.mhplan.com					
Statutory Statement Contact	Matthew Agnone (Name)		(313)324-3700 (Area Code)(Telephone Number)(Extension)			
	matthew.agnone@mhplan.com (E-Mail Address)		(313)324-1822 (Fax Number)			

OFFICERS

Name	Title
Jon B. Cotton	President
Sean P. Cotton	Secretary
Janice Torosian	Treasurer

OTHERS

DIRECTORS OR TRUSTEES

George Ellis
David B. Cotton M.D.

Karie Pasternak

State of Michigan
County of Wayne ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Jon B. Cotton	Sean P. Cotton	Janice Torosian
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this _____ day of _____, 2017

a. Is this an original filing?
b. If no, 1. State the amendment number
2. Date filed
3. Number of pages attached

Yes[X] No[]

(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	95,711,253		95,711,253	99,861,219
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks	12,122,973		12,122,973	11,478,133
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances)				
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....181,919,286), cash equivalents (\$.....0) and short-term investments (\$.....87,589,231)	269,508,517		269,508,517	308,833,871
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets	1,439,061	1,248,375	190,686	198,739
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	378,781,804	1,248,375	377,533,429	420,371,962
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	1,824,799	72,822	1,751,977	1,547,151
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	51,675,676		51,675,676	64,343,426
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3	Accrued retrospective premiums (\$.....8,446,659) and contracts subject to redetermination (\$.....0)	8,446,659		8,446,659	5,915,053
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers	3,995,008		3,995,008	4,122,280
16.2	Funds held by or deposited with reinsured companies				
16.3	Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans	5,641,248		5,641,248	9,199,145
18.1	Current federal and foreign income tax recoverable and interest thereon	3,256,650		3,256,650	
18.2	Net deferred tax asset	944,677		944,677	944,677
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$.....0)				
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$.....29,478,585) and other amounts receivable	29,530,115	51,530	29,478,585	30,920,306
25.	Aggregate write-ins for other-than-invested assets	3,027	3,027		
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	484,099,663	1,375,754	482,723,909	537,364,000
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	484,099,663	1,375,754	482,723,909	537,364,000
DETAILS OF WRITE-INS					
1101.	.....			
1102.	.....			
1103.	.....			
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	Deposits	3,027	3,027		
2502.	.....			
2503.	.....			
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	3,027	3,027		

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded)	271,229,996		271,229,996	308,286,975
2.	Accrued medical incentive pool and bonus amounts	5,973,474		5,973,474	2,949,393
3.	Unpaid claims adjustment expenses				
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	6,436,936		6,436,936	6,436,936
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	10,522,094		10,522,094	358,333
9.	General expenses due or accrued	4,873,094		4,873,094	9,528,408
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				5,517,680
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	3,654,817		3,654,817	18,917,654
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$.....0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans	34,716		34,716	28,189
23.	Aggregate write-ins for other liabilities (including \$.....0 current)				
24.	Total liabilities (Lines 1 to 23)	302,725,127		302,725,127	352,023,568
25.	Aggregate write-ins for special surplus funds	X X X	X X X		
26.	Common capital stock	X X X	X X X	44,700	44,700
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	83,451,363	83,451,363
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	96,502,719	101,844,369
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	179,998,782	185,340,432
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	482,723,909	537,364,000
DETAILS OF WRITE-INS					
2301.	.....			
2302.	.....			
2303.	.....			
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	.....	X X X	X X X		
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	X X X	1,538,724	1,424,915	5,869,051
2.	Net premium income (including \$.....0 non-health premium income)	X X X	578,308,790	568,378,198	2,362,733,763
3.	Change in unearned premium reserves and reserves for rate credits	X X X			
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X			
5.	Risk revenue	X X X			
6.	Aggregate write-ins for other health care related revenues	X X X		57,050,140	58,106,137
7.	Aggregate write-ins for other non-health revenues	X X X			
8.	Total revenues (Lines 2 to 7)	X X X	578,308,790	625,428,338	2,420,839,900
Hospital and Medical:					
9.	Hospital/medical benefits		412,268,513	382,164,710	1,584,682,184
10.	Other professional services		19,406,091	1,902,626	82,484,580
11.	Outside referrals		13,923,652	26,586,118	47,356,002
12.	Emergency room and out-of-area		8,618,419	6,440,488	29,494,624
13.	Prescription drugs		77,389,224	67,842,138	277,294,327
14.	Aggregate write-ins for other hospital and medical		41,439	38,870	337,372
15.	Incentive pool, withhold adjustments and bonus amounts		3,201,697	2,492,831	12,316,808
16.	Subtotal (Lines 9 to 15)		534,849,035	487,467,781	2,033,965,897
Less:					
17.	Net reinsurance recoveries		(127,271)	621,047	4,672,362
18.	Total hospital and medical (Lines 16 minus 17)		534,976,306	486,846,734	2,029,293,535
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$.....5,143,635 cost containment expenses		7,111,920	2,446,529	7,804,708
21.	General administrative expenses		46,338,795	122,277,375	359,759,848
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)		588,427,021	611,570,638	2,396,858,091
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(10,118,231)	13,857,700	23,981,809
25.	Net investment income earned		596,118	395,837	2,039,026
26.	Net realized capital gains (losses) less capital gains tax of \$.....(1,834)		(3,561)	(207,332)	(84,602)
27.	Net investment gains or (losses) (Lines 25 plus 26)		592,557	188,505	1,954,424
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29.	Aggregate write-ins for other income or expenses			38,012	38,526
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	(9,525,674)	14,084,217	25,974,759
31.	Federal and foreign income taxes incurred	X X X	(3,254,816)	17,249,950	22,103,832
32.	Net income (loss) (Lines 30 minus 31)	X X X	(6,270,858)	(3,165,733)	3,870,927
DETAILS OF WRITE-INS					
0601.	ACA Insurer Fee	X X X		57,050,140	58,106,137
0602.	.....	X X X			
0603.	.....	X X X			
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X		57,050,140	58,106,137
0701.	.....	X X X			
0702.	.....	X X X			
0703.	.....	X X X			
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.	Hearing/Speech devices		41,439	38,870	337,372
1402.	.....			
1403.	.....			
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		41,439	38,870	337,372
2901.	Miscellaneous revenue			38,012	38,526
2902.	.....			
2903.	.....			
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)			38,012	38,526

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year	185,340,432	153,435,940	153,435,940
34.	Net income or (loss) from Line 32	(6,270,858)	(3,165,733)	3,870,927
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	640,298	268,991	576,521
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			186,499
39.	Change in nonadmitted assets	288,910	271,564	270,545
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
44.1	Paid in			
44.2	Transferred from surplus (Stock Dividend)			
44.3	Transferred to surplus			
45.	Surplus adjustments:			
45.1	Paid in			27,000,000
45.2	Transferred to capital (Stock Dividend)			
45.3	Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	(5,341,650)	(2,625,178)	31,904,492
49.	Capital and surplus end of reporting period (Line 33 plus 48)	179,998,782	150,810,762	185,340,432
DETAILS OF WRITE-INS				
4701.	0			
4702.	.....		
4703.	.....		
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	600,755,803	568,245,130	2,329,921,433
2.	Net investment income	811,199	606,527	3,362,714
3.	Miscellaneous income	12,898		60,235,184
4.	TOTAL (Lines 1 to 3)	601,579,900	568,851,657	2,393,519,331
5.	Benefit and loss related payments	569,296,639	512,218,256	2,015,895,100
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	54,534,426	83,974,221	368,138,989
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$(1,834) tax on capital gains (losses)	5,519,514	13,199,999	17,297,135
10.	TOTAL (Lines 5 through 9)	629,350,579	609,392,476	2,401,331,224
11.	Net cash from operations (Line 4 minus Line 10)	(27,770,679)	(40,540,819)	(7,811,893)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	4,382,016	11,343,993	62,685,628
12.2	Stocks		1,854,414	2,613,190
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets	8,053		41,835
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7	Miscellaneous proceeds	2,475		32,990
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	4,392,544	13,198,407	65,373,643
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	679,840	40,987,774	76,219,641
13.2	Stocks	4,542	1,872,815	2,759,893
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications			288,435
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	684,382	42,860,589	79,267,968
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	3,708,162	(29,662,182)	(13,894,326)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock			27,000,000
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)	(15,262,837)	(9,843,137)	5,388,354
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(15,262,837)	(9,843,137)	32,388,354
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(39,325,354)	(80,046,138)	10,682,135
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	308,833,871	298,151,735	298,151,735
19.2	End of period (Line 18 plus Line 19.1)	269,508,517	218,105,597	308,833,871

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	504,832	2,520						8,980	491,622	1,710
2. First Quarter	515,692	6,595						9,959	499,138	
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	1,538,724	17,859						28,944	1,491,921	
Total Member Ambulatory Encounters for Period:										
7. Physician	1,634,649	5,133						60,548	1,568,968	
8. Non-Physician	1,345,404	3,404						90,332	1,251,668	
9. Total	2,980,053	8,537						150,880	2,820,636	
10. Hospital Patient Days Incurred	49,483	226						2,475	46,782	
11. Number of Inpatient Admissions	13,426	46						569	12,811	
12. Health Premiums Written (a)	578,957,404	5,625,983						37,881,910	535,449,511	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	578,308,790	5,567,586						37,863,976	534,877,228	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	569,296,639	645,146						34,683,307	533,623,501	344,685
18. Amount Incurred for Provision of Health Care Services	534,849,035	4,707,283						34,603,274	495,561,731	(23,253)

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....37,881,910.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	37,206,999	877,340	877,340	486,691	2,822,868	42,271,238
0499999 Subtotals	37,206,999	877,340	877,340	486,691	2,822,868	42,271,238
0599999 Unreported claims and other claim reserves						228,958,758
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						271,229,996
0899999 Accrued Medical Incentive Pool And Bonus Amounts						5,973,474

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5	6
		1	2	3	4		
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
1.	Comprehensive (hospital & medical)	490,280	169,333	1,161,369	4,552,417	1,651,649	1,651,648
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare	17,312,149	17,809,493	5,867,644	17,200,037	23,179,793	22,985,280
7.	Title XIX - Medicaid	185,561,679	348,404,438	97,627,106	144,746,628	283,188,785	283,207,315
8.	Other health	353,544		74,795		428,339	442,732
9.	Health subtotal (Lines 1 to 8)	203,717,652	366,383,264	104,730,914	166,499,082	308,448,566	308,286,975
10.	Healthcare receivables (a)	1,805,560		1,414,293	1,162,033	3,219,853	3,112,558
11.	Other non-health						
12.	Medical incentive pools and bonus amounts	120,953	56,664	2,828,440	3,145,033	2,949,393	2,949,393
13.	Totals (Lines 9 - 10 + 11 + 12)	202,033,045	366,439,928	106,145,061	168,482,082	308,178,106	308,123,810

(a) Excludes \$.00 loans or advances to providers not yet expensed.

Notes to Financial Statement

Note 1 –Summary of Significant Accounting Policies

Meridian Health Plan of Michigan, Inc. (the “Company”) operates as a state-licensed health maintenance organization (HMO). The Company provides medical services to persons in sixty-eight Michigan counties who subscribe as recipients of state health benefits (Medicaid benefits). In addition, the Company operates a Medicare Advantage Dual-Eligible Special Needs Plan, and a Medicare Advantage Prescription Drug Plan, and offers metal and catastrophic plans on the Federal Health Insurance Marketplace. On March 1, 2015, the Company commenced operation of a Medicare – Medicaid Alignment Initiative Plan.

The Company contracts directly with physician/physician groups and hospitals for the provision of medical care, and compensates the providers on either a capitation or fee for service basis. The Company has a risk sharing arrangement with some primary care physicians, and a portion of the capitation payments may be retained for settlement of risk-sharing arrangements.

A. Accounting Practices

The financial statements of Meridian Health Plan of Michigan (the “Company”) are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (“DIFS”).

The DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the Michigan Insurance Code. The DIFS has adopted the National Association of Insurance Commissioners’ (NAIC) Accounting Practices and Procedures Manual as a component of prescribed and permitted practices for the state. The DIFS has the right to permit specific practices that deviate from prescribed practices. The State of Michigan requires transfer payment programs, which consist of the Hospital Reimbursement Adjustment (“HRA”), Graduate Medical Education (“GRE”), and Specialty Network Access Fee (“SNAF”), to be recorded as premium income, and the resulting payments to providers to be treated as hospital/medical benefits. In NAIC SAP these types of pass-through arrangements are reported as uninsured plans. This state prescribed accounting practice resulted in no differences from NAIC SAP net income or capital and surplus.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the DIFS is shown below:

		SSAP	F/S	F/S	2017	2016
		#	Page	Line		
NET INCOME						
(1)	State basis (Page 4, Line 32, Columns 2 & 3)	N/A	N/A	N/A	\$ (6,270,858)	\$ 3,870,927
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(201)						
(299)	Total				\$ -	\$ -
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(301)						
(399)	Total				\$ -	\$ -
(4)	NAIC SAP (1-2-3=4)	N/A	N/A	N/A	\$ (6,270,858)	\$ 3,870,927
SURPLUS						
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	N/A	N/A	N/A	\$ 179,998,782	\$ 185,340,432
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(601)						
(699)	Total				\$ -	\$ -
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(701)						
(799)	Total				\$ -	\$ -
(8)	NAIC SAP (5-6-7=8)	N/A	N/A	N/A	\$ 179,998,782	\$ 185,340,432

Notes to Financial Statement

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, primarily claims unpaid. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health capitation premiums are recognized in the period members are entitled to related health care services. Health care service costs and the related liabilities for claims payable are recorded when medical services are provided to eligible members. Expenses are charged to operations as incurred.

1. Short-term investments are stated at amortized cost.
2. Bonds are stated at amortized cost using the scientific interest method.
3. Common stocks are stated at fair market value.
4. The Company had no preferred stock.
5. The Company had no mortgage loans on real estate.
6. The Company had no loan-backed securities.
7. The Company had no investments in subsidiaries, controlled or affiliated entities.
8. The Company has a minor ownership interests in a joint venture. The Company carries this interest based on the underlying audited GAAP equity of the investee.
9. The Company had no derivatives.
10. The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
11. Claims payable includes an actuarially determined estimate of the ultimate cost of settling claims.
12. The Company has no property and equipment and related capitalization policy.
13. Pharmaceutical rebates receivable are estimated based on actual prescriptions filled.

D. Going Concern

None

Note 2 - Accounting Changes and Corrections of Errors

None

Note 3 - Business Combinations and Goodwill

None

Note 4 - Discontinued Operations

None

Note 5 - Investments

- D. Loan – Backed Securities – None
- E. Repurchase Agreements and/or Securities Lending Transactions – None
- I. Working Capital Finance Investments – None
- J. Offsetting and Netting of Assets and Liabilities - None

Note 6 - Joint Ventures, Partnerships, and Limited Liability Companies

No change

Notes to Financial Statement

Note 7 - Investment Income

No change

Note 8 - Derivative Instruments

None

Note 9 - Income Taxes

No change

Note 10 - Information Concerning Parent, Subsidiaries, and Affiliates

No change

Note 11 - Debt

- A. Outstanding Debt – None
- B. FHLB (Federal Home Loan Bank) Agreements - None

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences, and Other Postretirement Benefit Plans

A.– D. Defined Benefit Plan - None

Note 13 - Capital and Surplus, Stockholders’ Dividend Restrictions, and Quasi-Reorganizations

No change

Note 14 - Contingencies

None

Note 15 - Leases

None

Note 16 - Information about Financial Instruments with Off-balance-sheet Risk and Financial Instruments with Concentrations of Credit Risk

None

Note 17 - Sale, Transfer, and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfer of Receivables reported as Sales – None
- B. Transfer and Servicing of Financial Assets – None
- C. Wash Sales - None

Note 18 - Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

No change

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

Note 20 – Fair Value Measurements

- A. Fair Market Value at Reporting Date
 - 1. Fair Value Measurements at Reporting Date

Notes to Financial Statement

	Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a.	Common Stocks	\$ 12,122,973			\$ 12,122,973
99	Subtotal – Assets at fair value	\$ 12,122,973			\$ 12,122,973
b.	Liabilities at fair value				
1	Derivatives				
2					
99	Subtotal – Liabilities at fair value				

2. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None

3. The Company does not have any securities that have transferred between levels.

4. The Company has not valued any securities at a Level 2 or 3.

5. Derivative assets and liabilities – None

B. Fair Value information under SSAP No. 100 combined with Fair Value information Under Other Accounting Pronouncements – None

C. Aggregate Fair Value of All Financial Instruments

Type of Financial Instruments	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	95,969,027	95,711,253	-	95,969,027	-	-
Short-term investments	87,518,781	87,589,231	2,443,331	85,075,450	-	-
Cash Equivalent	-	-	-	-	-	-
Common Stock	12,122,973	12,122,973	12,122,973	-	-	-

D. Not Practicable to Estimate Fair Value – None

Note 21 - Other Items

None

Note 22 - Events Subsequent

No change

Note 23 - Reinsurance

No change

Note 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

E. Risk – Sharing Provisions of the Affordable Care Act (ACA)

1. Did the reporting entity write accident and health insurance premiums that is subject to the Affordable Care Act risk-sharing provisions (Yes/No)? Yes

The Company had zero balance for the risk adjustment program due to a lack of sufficient data to estimate amounts recoverable or payable at this time.

2. Impact of Risk – Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

Notes to Financial Statement

			AMOUNT
a.	Permanent ACA Risk Adjustment Program		
	Assets		
	1	Premium adjustments receivable due to ACA Risk Adjustment	\$0
	Liabilities		
	2	Risk adjustment user fees payable for ACA Risk Adjustment	\$0
	3	Premium adjustments payable due to ACA Risk Adjustment	\$0
	Operations (Revenue & Expense)		
	4	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$0
	5	Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$203,976
b.	Transitional ACA Reinsurance Program		
	Assets		
	1	Amounts recoverable for claims paid due to ACA Reinsurance	\$0
	2	Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$0
	3	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$0
	Liabilities		
	4	Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$0
	5	Ceded reinsurance premiums payable due to ACA Reinsurance	\$0
	6	Liability for amounts held under uninsured plans contributions for ACA Reinsurance	\$0
	Operations (Revenue & Expense)		
	7	Ceded reinsurance premiums due to ACA Reinsurance	\$0
	8	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$0
	9	ACA Reinsurance Contributions - not reported as ceded premium	\$0
c.	Temporary ACA Risk Corridors Program		
	Assets		
	1	Accrued retrospective premium due to ACA Risk Corridors	\$0
	Liabilities		
	2	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$0
	Operations (Revenue & Expense)		
	3	Effect of ACA Risk Corridors on net premium income (paid/received)	\$0
	4	Effect of ACA Risk Corridors on change in reserves for rate credits	\$0

Notes to Financial Statement

3. Roll – forward of prior year ACA risk – sharing provisions for the following assets (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

		Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
						Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
		1	2	3	4	5	6	7	8		9	10
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.	Permanent ACA Risk Adjustment Program											
	1 Premium adjustments receivable	-	-	-	-	-	-	-	-	-	-	-
	2 Premium adjustments (payable)	-	3,541,000	-	-	-	3,541,000	-	-	-	-	3,541,000
	3 Subtotal ACA Permanent Risk Adjustment Program	-	3,541,000	-	-	-	3,541,000	-	-	-	-	3,541,000
b.	Transitional ACA Reinsurance Program											
	1 Amounts recoverable for claims paid	-	-	-	-	-	-	-	-	-	-	-
	2 Amounts recoverable for claims unpaid (contra liability)	-	-	-	-	-	-	-	-	-	-	-
	3 Amounts receivable relating to uninsured plans	-	-	-	-	-	-	-	-	-	-	-
	4 Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded	-	-	-	-	-	-	-	-	-	-	-
	5 Ceded reinsurance premiums payable	-	-	-	-	-	-	-	-	-	-	-
	6 Liability for amounts held under uninsured plans	-	-	-	-	-	-	-	-	-	-	-
	7 Subtotal ACA Transitional Reinsurance Program	-	-	-	-	-	-	-	-	-	-	-
c.	Temporary ACA Risk Corridors Program											
	1 Accrued retrospective premium	-	-	-	-	-	-	-	-	-	-	-
	2 Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	-	-	-
	3 Subtotal ACA Risk Corridors Program	-	-	-	-	-	-	-	-	-	-	-
d.	Total for ACA Risk Sharing Provisions	-	3,541,000	-	-	-	3,541,000	-	-	-	-	3,541,000

4. Roll – forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

Risk Corridor Program Year			Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
							Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
			1	2	3	4	5	6	7	8	Ref	9	10
			Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a.	2014												
	1.	Accrued retrospective premium	0	0	0	11,520	0	(11,520)	0	11,520	A	0	0
	2.	Reserve for rate credits or policy experience rating refunds											
b.	2015												
	1.	Accrued retrospective premium	0	0	0	60,818	0	(60,818)	0	60,818	A	0	0
	2.	Reserve for rate credits or policy experience rating refunds	0	0	0	0	0	0	0	0		0	0
c.	2016												
	1.	Accrued retrospective premium	0	0	0	0	0	0	0	0		0	0
	2.	Reserve for rate credits or policy experience rating refunds	0	0	0	0	0	0	0	0		0	0
d.	Total for Risk Corridors			0		72,338		(72,338)		72,338		0	0

Explanation of Adjustments:

A. To adjust for accrual not established at the year end.

5. ACA Risk Corridor Receivable as of Reporting Date

		1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance (Gross of Non-admissions) (1-2-3)	5 Non-admitted amount	6 Net Admitted Asset (4-5)
a.	2014	0	0	0	0	0	0
b.	2015	0	0	0	0	0	0
c.	2016	0	0	0	0	0	0
d.	Total (a+b+c)	0	0	0	0	0	0

Notes to Financial Statement

Note 25 - Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2016 were \$ 311,236,368 for unpaid claims and incentives and \$0 for unpaid claims adjustment expenses. As of March 31, 2017, \$203,838,605 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. There are \$107,559,354 reserves remaining for prior years. Therefore there has been a \$ 162,000 unfavorable prior year development since December 31, 2016 to March 31, 2017. Original estimates are increased or decreased as additional information becomes know regarding individual claims.

Note 26 - Intercompany Pooling Arrangements

None

Note 27 - Structured Settlements

None

Note 28 - Health Care Receivables

No change

Note 29 - Participating Policies

None

Note 30 - Premium Deficiency Reserves

None

Note 31 - Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes[X] No[]
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

If yes, attach an explanation.

Yes[] No[X] N/A[]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2014
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2014
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

03/31/2016
- 6.4 By what department or departments?

DIFS
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[] N/A[]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
		Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

Yes[X] No[]
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[] No[X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$ 0
13. Amount of real estate and mortgages held in short-term investments:

\$ 0

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

14.2 If yes, please complete the following:

Yes[] No[X]

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds		
14.22 Preferred Stock		
14.23 Common Stock		
14.24 Short-Term Investments		
14.25 Mortgages Loans on Real Estate		
14.26 All Other		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes[] No[X]
Yes[] No[] N/A[X]

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.3 Total payable for securities lending reported on the liability page

\$ 0
\$ 0
\$ 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[X] No[]

1 Name of Custodian(s)	2 Custodian Address
Comerica Bank	411 W. Lafayette, Detroit, 48226
Illinois National Bank	322 E. Capital, Springfield, IL 62701
.....

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

17.4 If yes, give full and complete information relating thereto:

Yes[] No[X]

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts"; " handle securities"]

1 Name of Firm or Individual	2 Affiliation
RSW Investments .....	..... U
Madison Scottsdale .....	..... U
Wells Fargo Advisors .....	..... U

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

Yes[X] No[]
Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
134261	RSW Investments	n/a	SEC	NO
110297	Madison Scottsdale	n/a	SEC	NO
19616	Wells Fargo Advisors	88KRVS0EKUGQZI3DKW55 ..	SEC	NO

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]

18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	93.737%
1.2 A&H cost containment percent	1.230%
1.3 A&H expense percent excluding cost containment expenses	8.013%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates								
11835	04-1590940	07/01/2016	PARTNERRE AMER INS CO	DE	SSL/A/I	Authorized		
11835	04-1590940	01/01/2017	PARTNERRE AMER INS CO	DE	SSL/A/I	Authorized		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

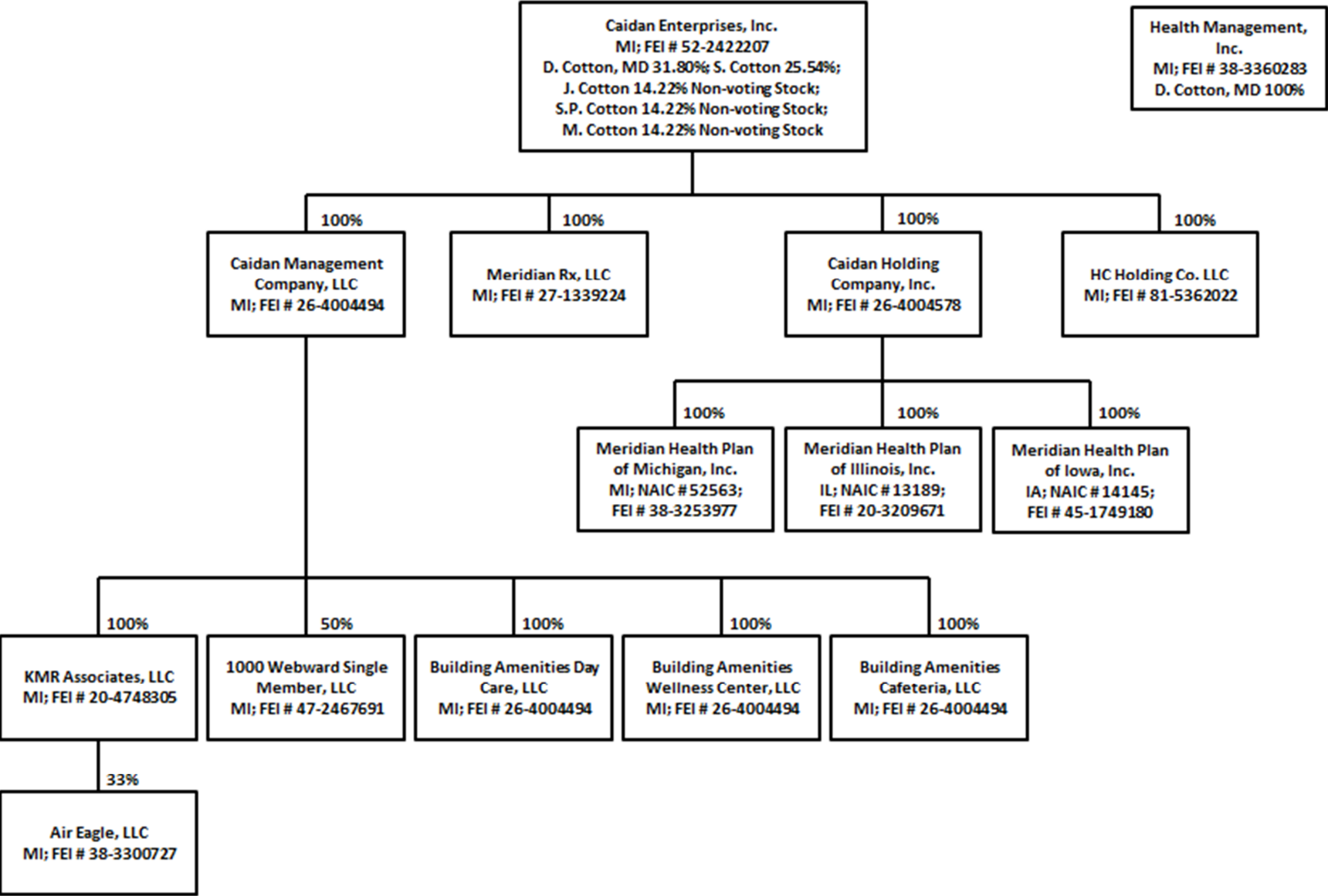
		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	L								
9.	District of Columbia (DC)	L								
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	L								
15.	Indiana (IN)	L								
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	L								
19.	Louisiana (LA)	N								
20.	Maine (ME)	L								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	L	5,625,983	37,881,910	535,449,511				578,957,404	
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	N								
33.	New York (NY)	N								
34.	North Carolina (NC)	N								
35.	North Dakota (ND)	N								
36.	Ohio (OH)	L								
37.	Oklahoma (OK)	N								
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)	N								
40.	Rhode Island (RI)	N								
41.	South Carolina (SC)	N								
42.	South Dakota (SD)	N								
43.	Tennessee (TN)	N								
44.	Texas (TX)	N								
45.	Utah (UT)	N								
46.	Vermont (VT)	N								
47.	Virginia (VA)	N								
48.	Washington (WA)	N								
49.	West Virginia (WV)	N								
50.	Wisconsin (WI)	N								
51.	Wyoming (WY)	N								
52.	American Samoa (AS)	N								
53.	Guam (GU)	N								
54.	Puerto Rico (PR)	N								
55.	U.S. Virgin Islands (VI)	N								
56.	Northern Mariana Islands (MP)	N								
57.	Canada (CAN)	N								
58.	Aggregate other alien (OT)	X X X								
59.	Subtotal	X X X	5,625,983	37,881,910	535,449,511				578,957,404	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	Total (Direct Business)	(a)..... 8	5,625,983	37,881,910	535,449,511				578,957,404	
DETAILS OF WRITE-INS										
58001.	.....	X X X								
58002.	.....	X X X								
58003.	.....	X X X								
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
.....	00000	52-2422207	.....	.....	.....	Caidan Enterprises, Inc. ....	.. MI ..	... UIP ..	David B. Cotton	Ownership, Board of Directors .....	..... 31.8	David B. Cotton .....	.... N ....	.....
.....	00000	52-2422207	.....	.....	.....	Caidan Enterprises, Inc. ....	.. MI ..	... UIP ..	Shery Cotton	Ownership .....	..... 25.5	David B. Cotton .....	.... N ....	.....
.....	00000	26-4004578	.....	.....	.....	Caidan Holding Company, Inc. ....	.. MI ..	... UDP ..	Caidan Enterprises, Inc	Ownership .....	..... 100.0	David B. Cotton .....	.... N ....	.....
.....	00000	26-4004494	.....	.....	.....	Caidan Management Company, LLC ....	.. MI ..	... NIA ..	Caidan Enterprises, Inc	Ownership .....	..... 100.0	David B. Cotton .....	.... N ....	.....
.....	00000	38-3360283	.....	.....	.....	Health Management, Inc. ....	.. MI ..	... NIA ..	David B. Cotton	Ownership .....	..... 100.0	David B. Cotton .....	.... N ....	.....
.....	00000	27-1339224	.....	.....	.....	MeridianRx, LLC .....	.. MI ..	... NIA ..	Caidan Enterprises, Inc.	Ownership .....	..... 100.0	David B. Cotton .....	.... N ....	.....
4640	Caidan Enterprises Inc Grp	13189	20-3209671	.....	.....	.....	Meridian Health Plan of Illinois, Inc. ....	.. IL ..	... IA ..	Caidan Holding Company, Inc.	Ownership .....	..... 100.0	David B. Cotton .....	.... N ....	.....
4640	Caidan Enterprises Inc Grp	14145	45-1749180	.....	.....	.....	Meridian Health Plan of Iowa, Inc. ....	.. IA ..	... IA ..	Caidan Holding Company, Inc.	Ownership .....	..... 100.0	David B. Cotton .....	.... N ....	.....
4640	Caidan Enterprises Inc Grp	52563	38-3253977	.....	.....	.....	Meridian Health Plan of Michigan, Inc. ....	.. MI ..	... RE ..	Caidan Holding Company, Inc.	Ownership .....	..... 100.0	David B. Cotton .....	.... N ....	.....
.....	00000	47-2467691	.....	.....	.....	1000 Webward Single Member, LLC ....	.. MI ..	... NIA ..	Caidan Management Company, LLC	Ownership .....	..... 50.0	David B. Cotton .....	.... N	0000001
.....	00000	26-4004494	.....	.....	.....	Building Amenities Day Care, LLC .....	.. MI ..	... NIA ..	Caidan Management Company, LLC	Ownership .....	..... 100.0	David B. Cotton .....	.... N ....	.....
.....	00000	26-4004494	.....	.....	.....	Building Amenities Wellness Center, LLC .....	.. MI ..	... NIA ..	Caidan Management Company, LLC	Ownership .....	..... 100.0	David B. Cotton .....	.... N ....	.....
.....	00000	26-4004494	.....	.....	.....	Building Amenities Cafeteria, LLC .....	.. MI ..	... NIA ..	Caidan Management Company, LLC	Ownership .....	..... 100.0	David B. Cotton .....	.... N ....	.....
.....	00000	20-4748305	.....	.....	.....	KMR Associates, LLC .....	.. MI ..	... NIA ..	Caidan Management Company, LLC	Ownership .....	..... 100.0	David B. Cotton .....	.... N ....	.....
.....	00000	38-3300727	.....	.....	.....	Air Eagle, LLC .....	.. MI ..	... NIA ..	KMR Associates, LLC	Ownership .....	..... 33.0	David B. Cotton .....	.... N	0000001
.....	00000	81-5362022	.....	.....	.....	HC Holding Co. LLC .....	.. MI ..	... NIA ..	Caidan Enterprises, Inc.	Ownership .....	..... 100.0	David B. Cotton .....	.... N ....	.....

916

Asterisk	Explanation
0000001	The remaining percent is owned by one or more unaffiliate companies.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

RESPONSE
No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)
2504.
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
4704.
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)

STATEMENT AS OF **March 31, 2017** OF THE **Meridian Health Plan of Michigan, Inc.**

SCHEDULE A - VERIFICATION

Real Estate		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition		
2.2	Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying value		
7.	Deduct current year's other-than-temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition		
2.2	Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage interest paid		
9.	Total foreign exchange change in book value/recorded investment		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	1,447,114	1,521,875
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition		
2.2	Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		(32,926)
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals	8,053	41,835
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)	1,439,061	1,447,114
12.	Deduct total nonadmitted amounts	1,248,375	1,248,375
13.	Statement value at end of current period (Line 11 minus Line 12)	190,686	198,739

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	111,339,352	98,739,648
2.	Cost of bonds and stocks acquired	684,382	78,979,533
3.	Accrual of discount	(4,239)	30,141
4.	Unrealized valuation increase (decrease)	639,657	897,882
5.	Total gain (loss) on disposals	(5,395)	(117,592)
6.	Deduct consideration for bonds and stocks disposed of	4,382,016	65,298,817
7.	Deduct amortization of premium	437,516	1,891,443
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	107,834,226	111,339,352
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	107,834,226	111,339,352

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	142,416,219	16,964,242	16,488,563	1,151,950	144,043,847			142,416,219
2. NAIC 2 (a)	37,912,562	3,769,725	3,000,000	(221,814)	38,460,473			37,912,562
3. NAIC 3 (a)	555,040			(6,876)	548,164			555,040
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)	248,000				248,000			248,000
7. Total Bonds	181,131,821	20,733,967	19,488,563	923,259	183,300,484			181,131,821
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	181,131,821	20,733,967	19,488,563	923,259	183,300,484			181,131,821

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....55,416,091; NAIC 2 \$.....32,173,141; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1

Short - Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	87,589,231	X X X	88,475,235	385,060	47,304

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	83,072,839	38,032,646
2.	Cost of short-term investments acquired	20,054,126	252,291,598
3.	Accrual of discount	1,251	228
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		(20,391)
6.	Deduct consideration received on disposals	15,101,153	206,408,995
7.	Deduct amortization of premium	437,833	822,247
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	87,589,231	83,072,839
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	87,589,231	83,072,839

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SI08 Schedule E - Verification (Cash Equivalents) NONE

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. States, Territories and Possessions									
57582RAD8 ..	MASSACHUSETTS ST .....		.. 03/23/2017 ..	Not Provided .....	..... X X X .....	..... 40,488 .....	..... 35,000 .....	..... 715	1FE
677522NW0 ..	OHIO ST .....		.. 01/27/2017 ..	Not Provided .....	..... X X X .....	..... 576,840 .....	..... 500,000 .....	..... 417	1FE
1799999	Subtotal - Bonds - U.S. States, Territories and Possessions .....				..... X X X .....	..... 617,328 .....	..... 535,000 .....	..... 1,131 .....	..... X X X
Bonds - U.S. Special Revenue, Special Assessment									
23542JCZ6 ..	DALLAS TEX WTRWKS & SWR SYS REV .....		.. 03/13/2017 ..	Not Provided .....	..... X X X .....	..... 62,513 .....	..... 55,000 .....	..... 1,260	1FE
3199999	Subtotal - Bonds - U.S. Special Revenue, Special Assessment .....				..... X X X .....	..... 62,513 .....	..... 55,000 .....	..... 1,260 .....	..... X X X
8399997	Subtotal - Bonds - Part 3 .....				..... X X X .....	..... 679,841 .....	..... 590,000 .....	..... 2,392 .....	..... X X X
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly) .....				..... X X X .....	..... X X X .....	..... X X X .....	..... X X X .....	..... X X X
8399999	Subtotal - Bonds .....				..... X X X .....	..... 679,841 .....	..... 590,000 .....	..... 2,392 .....	..... X X X
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly) .....				..... X X X .....	..... X X X .....	..... X X X .....	..... X X X .....	..... X X X
Common Stocks - Mutual Funds									
24610C857 ..	DELAWARE VAL CL I MF .....		.. 03/23/2017 ..	Not Provided .....	..... 225.261 .....	..... 4,541 .....	..... X X X		L
9299999	Subtotal - Common Stocks - Mutual Funds .....				..... X X X .....	..... 4,541 .....	..... X X X .....		..... X X X
9799997	Subtotal - Common Stocks - Part 3 .....				..... X X X .....	..... 4,541 .....	..... X X X .....		..... X X X
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly) .....				..... X X X .....	..... X X X .....	..... X X X .....	..... X X X .....	..... X X X
9799999	Subtotal - Common Stocks .....				..... X X X .....	..... 4,541 .....	..... X X X .....		..... X X X
9899999	Subtotal - Preferred and Common Stocks .....				..... X X X .....	..... 4,541 .....	..... X X X .....		..... X X X
9999999	Total - Bonds, Preferred and Common Stocks .....				..... X X X .....	..... 684,382 .....	..... X X X .....	..... 2,392 .....	..... X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

QE05

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of
During the Current Quarter

CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP 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Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description	CUSIP Identification	Description
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QE05.1

SCHEDULE D - PART 4
Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of
During the Current Quarter

1	2	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation or Market Indicator (a)
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.							
3137AFWS7	FHR 3944A AV - CMO/RMBS		03/01/2017	Paydown	X X X	49,149	49,149	49,786	49,148		0		0		49,149				128	07/15/2022	1
3137AH4V7	FHR 3936D KC - CMO/RMBS		03/01/2017	Paydown	X X X	9,878	9,878	9,853	9,861		17		17		9,878				12	03/15/2026	1
3137AKAW1	FHR 3982B ND - CMO/RMBS		03/01/2017	Paydown	X X X	59,782	59,782	60,473	60,356		(574)		(574)		59,782				41	10/15/2038	1
3137ALT58	FHR 3996A GN - CMO/RMBS		03/01/2017	Paydown	X X X	42,370	42,370	44,197	43,911		(1,542)		(1,542)		42,370		0	0	115	11/15/2038	1
3137APKC3	FHR 4030G DA - CMO/RMBS		03/01/2017	Paydown	X X X	11,772	11,772	11,831	11,805		(33)		(33)		11,772		0	0	18	02/15/2041	1
3137AQXM5	FHR 4058B C - CMO/RMBS		03/01/2017	Paydown	X X X	28,086	28,086	29,403	29,232		(1,146)		(1,146)		28,086				67	08/15/2030	1
3137AWB95	FHR 4135E CE - CMO/RMBS		03/01/2017	Paydown	X X X	7,567	7,567	7,592	7,584		(17)		(17)		7,567		0	0	9	11/15/2027	1
3137AYEW7	FHR 4171 NG - CMO/RMBS		03/01/2017	Paydown	X X X	48,684	48,684	48,745	48,737		(53)		(53)		48,684				47	06/15/2042	1
3137B2ZH6	FHR 4221B HJ - CMO/RMBS		03/01/2017	Paydown	X X X	35,973	35,973	36,141	36,085		(112)		(112)		35,973		0	0	47	07/15/2023	1
3137BCA40	FHR 4371B E - CMO/RMBS		03/01/2017	Paydown	X X X	39,827	39,827	41,227	41,148		(1,321)		(1,321)		39,827				83	07/15/2037	1
3139AGU92	FHR 2666A BD - CMO/RMBS		03/01/2017	Paydown	X X X	3,578	3,578	3,811	3,737		(159)		(159)		3,578		0	0	12	08/15/2023	1
31395AX83	FHR 2829B DK - CMO/RMBS		03/01/2017	Paydown	X X X	7,231	7,231	7,662	7,303		(73)		(73)		7,231		0	0	30	07/15/2019	1
31396QZS1	FNR 0970D NL - CMO/RMBS		03/01/2017	Paydown	X X X	1,941	1,941	1,958	1,943		(2)		(2)		1,941		0	0	5	08/25/2019	1
31397QKB3	FNR 118 VG - CMO/RMBS		03/01/2017	Paydown	X X X	47,857	47,857	52,037	48,006		(148)		(148)		47,857				167	12/25/2023	1
31398QPP6	FHR 3679B AB - CMO/RMBS		03/01/2017	Paydown	X X X	45,855	45,855	47,231	46,801		(946)		(946)		45,855				89	05/15/2020	1
31402BXE9	FN 724377 - RMBS		03/01/2017	Paydown	X X X	1,155	1,155	1,188	1,160		(5)		(5)		1,155				6	08/01/2018	1
31402CVZ2	FN 725232 - RMBS		03/01/2017	Paydown	X X X	3,076	3,076	3,147	3,155		(78)		(78)		3,076				12	03/01/2034	1
31402DMP2	FN 725866 - RMBS		03/01/2017	Paydown	X X X	1,426	1,426	1,448	1,452		(26)		(26)		1,426		0	0	5	09/01/2034	1
31402RA41	FN 735427 - RMBS		03/01/2017	Paydown	X X X	1,405	1,405	1,399	1,400		4		4		1,405		0	0	6	12/01/2018	1
31403C6L0	FN 745275 - RMBS		03/01/2017	Paydown	X X X	1,368	1,368	1,401	1,407		(39)		(39)		1,368		0	0	5	02/01/2036	1
31403DDX4	FN 745418 - RMBS		03/01/2017	Paydown	X X X	1,428	1,428	1,496	1,508		(80)		(80)		1,428		0	0	6	04/01/2036	1
31410FWM3	FN 888152 - RMBS		03/01/2017	Paydown	X X X	1,532	1,532	1,593	1,554		(22)		(22)		1,532				7	05/01/2021	1
31412QWA3	FN 932241 - RMBS		03/01/2017	Paydown	X X X	1,505	1,505	1,554	1,524		(19)		(19)		1,505		0	0	5	12/01/2019	1
31414PZM4	FN 972448 - RMBS		03/01/2017	Paydown	X X X	473	473	496	505		(31)		(31)		473				1	03/01/2038	1
31414R7J8	FN 974397 - RMBS		03/01/2017	Paydown	X X X	340	340	349	352		(12)		(12)		340		0	0	1	04/01/2023	1
31416RFA6	FN AA7360 - RMBS		03/01/2017	Paydown	X X X	2,172	2,172	2,183	2,183		(11)		(11)		2,172		0	0	12	01/01/2034	1
31416RTG8	FN AA7750 - RMBS		03/01/2017	Paydown	X X X	1,556	1,556	1,558	1,556		0		0		1,556		0	0	5	06/01/2024	1
31417KQ59	FN AC1375 - RMBS		03/01/2017	Paydown	X X X	4,312	4,312	4,327	4,319		(7)		(7)		4,312				12	08/01/2024	1
34074MKC4	FLORIDA HSG FIN CORP REV		03/01/2017	Paydown	X X X	42,591	42,591	43,805	43,674		(1,084)		(1,084)		42,591				100	01/01/2036	1FE
647310S85	NEW MEXICO ST SEVERANCE TAX		01/27/2017	Not Provided	X X X	184,639	175,000	202,510	185,174		(578)		(578)		184,596		43		5,104	07/01/2018	1FE
67755NET8	OHIO ST DEPT ADMINISTRATIVE SVCS CTFS PA		01/27/2017	Not Provided	X X X	323,513	310,000	344,823	324,496		(739)		(739)		323,757		(244)	(244)	5,167	09/01/2018	1FE
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					X X X	1,647,512	1,624,360	1,712,034	1,666,396		(18,683)		(18,683)		1,647,713		(201)	(201)	12,476	X X X	X X X
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
15200MAA5	CNP 3 A1 - ABS		02/01/2017	Paydown	X X X	144	144	150	144		0		0		144				3	02/01/2020	1FE
219207AB3	CORNELL UNIVERSITY		01/19/2017	Call @ 106.489	X X X	250,000	250,000	275,025	256,808		(152)		(152)		256,656		(6,656)	(6,656)	25,332	02/01/2019	1FE
46623EJY6	JPM H		02/15/2017	Maturity @ 100.0	X X X	250,000	250,000	250,325	250,033		(33)		(33)		250,000				1,688	02/15/2017	1FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	500,144	500,144	525,500	506,986		(186)		(186)		506,800		(6,656)	(6,656)	27,022	X X X	X X X
8399997 Subtotal - Bonds - Part 4					X X X	4,382,016	4,295,918	4,640,811	4,423,070		(35,659)		(35,659)		4,387,411		(5,395)	(5,395)	82,035	X X X	X X X
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	4,382,016	4,295,918	4,640,811	4,423,070		(35,659)		(35,659)		4,387,411		(5,395)	(5,395)	82,035	X X X	X X X
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9899999 Subtotal - Preferred and Common Stocks					X X X		X X X													X X X	X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	4,382,016	X X X	4,640,811	4,423,070		(35,659)		(35,659)		4,387,411		(5,395)	(5,395)	82,035	X X X	X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D Section 1 NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE

E10 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

E11 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	
Depository			Code	Rate of Interest			First Month	Second Month	Third Month	*
open depositories										
Fidelity Bank 07/24/2017 .....	.....	.....	.....	0.697	.....	1,051	248,000	248,000	248,000	X X X
Fidelity Bank 07/24/2017 .....	.....	.....	.....		.....					X X X
JP Morgan Chase, Detroit, MI ..	Concentration Account .....	.....	.....		.....		8,050,347	8,253,777	8,462,337	X X X
Comerica Bank, Detroit, MI	General Account .....	.....	.....		.....		194,799,572	195,887,208	173,208,949	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories ..			X X X	X X X ..	.....			176,000		X X X
0199999 Totals - Open Depositories			X X X	X X X ..	.....	1,051	203,097,919	204,564,985	181,919,286	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories			X X X	X X X ..	.....					X X X
0299999 Totals - Suspended Depositories			X X X	X X X ..	.....					X X X
0399999 Total Cash On Deposit			X X X	X X X ..	.....	1,051	203,097,919	204,564,985	181,919,286	X X X
0499999 Cash in Company's Office			X X X	X X X ..	X X X ..	X X X ..				X X X
0599999 Total Cash			X X X	X X X ..	.....	1,051	203,097,919	204,564,985	181,919,286	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<div>NONE</div>							
8699999 Total - Cash Equivalents

**INDEX TO HEALTH
QUARTERLY STATEMENT**

Accounting Changes and Corrections of Errors; Q10, Note 2; Q11

Accounting Practices and Policies; Q5; Q10, Note 1

Admitted Assets; Q2

Bonds; Q2; Q6; Q11.1; Q11.2; QE04; QE05

Bonuses; Q3; Q4; Q8; Q9

Borrowed Funds; Q3; Q6

Business Combinations and Goodwill; Q10, Note 3

Capital Gains (Losses)

 Realized; Q4

 Unrealized; Q4; Q5

Capital Stock; Q3; Q10, Note 13

Capital Notes; Q6; Q10, Note 11

Caps; QE06; QSI04

Cash; Q2; Q6; QE12

Cash Equivalents; Q2; Q6; QE13

Claims; Q3; Q4; Q8; Q9

Collars; QE06; QSI04

Commissions; Q6

Common Stock; Q2; Q3; Q6; Q11.1; Q11.2

Cost Containment Expenses; Q4

Contingencies; Q10, Note 14

Counterparty Exposure; Q10, Note 8; QE06; QE08

Debt; Q10, Note 11

Deferred Compensation; Q10, Note 12

Derivative Instruments; Q10, Note 8; QSI04; QSI05; QSI06; QSI07; QE06; QE07; QE08

Discontinued Operations; Q10, Note 4

Electronic Data Processing Equipment; Q2

Encumbrances; Q2; QSI01; QE01

Emergency Room; Q4

Expenses; Q3; Q4; Q6

Extinguishment of Liabilities; Q10, Note 17

Extraordinary Item; Q10, Note 21

Fair Value; Q7, Note 20

Fee for Service; Q4

Foreign Exchange; Q2; Q3; Q5; QSI01; QSI03; QE01; QE02; QE03; QE05

Forwards; QE06; QSI04

Furniture, Equipment and Supplies; Q2

Guaranty Fund; Q2

Health Care Receivables; Q2; Q9; Q10, Note 28

Holding Company; Q16

Hospital/Medical Benefits; Q4

Incentive Pools; Q3; Q4; Q8; Q9

Income; Q4; Q5; Q6

Income Taxes; Q2; Q3; Q4; Q5; Q10, Note 9

Incurred Claims and Claim Adjustment Expenses; Q10, Note 25

Intercompany Pooling; Q10, Note 26

Investment Income; Q10, Note 7

 Accrued; Q2

 Earned; Q2; QSI03

 Received; Q6

Investments; Q10, Note 5; Q11.1; Q11.2; QE08

Joint Venture; Q10, Note 6

Leases; Q10, Note 15

Limited Liability Company (LLC); Q10, Note 6

Limited Partnership; Q10, Note 6

Long-Term Invested Assets; Q2; QE03

Managing General Agents; Q10, Note 19

Medicare Part D Coverage; QSupp1

Member Months; Q4; Q7

Mortgage Loans; Q2; Q6; Q11.1; QSI01; QE02

Nonadmitted Assets; Q2; Q5; QSI01; QSI03

Off-Balance Sheet Risk; Q10, Note 16

Options; QE06; QSI04

Organizational Chart; Q11; Q14

Out-of-Area; Q4

Outside Referrals; Q4

Parent, Subsidiaries and Affiliates; Q2; Q3; Q10, Note 10; Q11.1

Participating Policies; Q10, Note 29

Pharmaceutical Rebates; Q10, Note 28

Policyholder Dividends; Q5; Q6

Postemployment Benefits; Q10, Note 12

Postretirement Benefits; Q10, Note 12

Preferred Stock; Q2; Q3; Q6; Q11.1; Q11.2

**INDEX TO HEALTH
QUARTERLY STATEMENT**

Premium Deficiency Reserves; Q10, Note 30

Premiums and Considerations

 Advance; Q3

 Collected; Q6

 Deferred; Q2

 Direct; Q7; Q13

 Earned; Q7

 Retrospective; Q2

 Uncollected; Q2

 Unearned; Q4

 Written; Q4; Q7

Prescription Drugs; Q4

Quasi Reorganizations; Q10, Note 13

Real Estate; Q2; Q6; QE01; QSI01

Redetermination, Contracts Subject to; Q10, Note 24

Reinsurance; Q9; Q10, Note 23

 Ceded; Q3; Q12

 Funds Held; Q2

 Payable; Q3

 Premiums; Q3

 Receivable; Q2; Q4

 Unauthorized; Q3; Q5

Reserves

 Accident and Health; Q3; Q4

 Claim; Q3; Q5; Q8

 Life; Q3

Retirement Plans; Q10, Note 12

Retrospectively Rated Policies; Q10, Note 24

Risk Revenue; Q4

Salvage and Subrogation; Q10, Note 31

Securities Lending; Q2; Q3; QE09; QE11

Servicing of Financial Assets; Q10, Note 17

Short-Term Investments; Q2; Q6; Q11.1; QSI03

Stockholder Dividends; Q5; Q6

Subsequent Events; Q10, Note 22

Surplus; Q3; Q5; Q6

Surplus Notes; Q3; Q5; Q6

Swaps; QE07; QSI04

Synthetic Assets; QSI04; QSI05

Third Party Administrator; Q10, Note 19

Treasury Stock; Q3; Q5

Uninsured Accident and Health; Q2; Q3; Q10, Note 18

Valuation Allowance; QSI01

Wash Sales; Q10, Note 17

Withholds; Q4; Q8